



***THE DEPARTMENT OF HEALTH AND FAMILY SERVICES,
DIVISION OF PUBLIC HEALTH, PRESENTS:
THE 3RD ANNUAL STATEWIDE PARTNERS' CONFERENCE ON
PUBLIC HEALTH AND HOSPITAL EMERGENCY PREPAREDNESS
PREPARING WISCONSIN'S PUBLIC HEALTH & HEALTHCARE SYSTEMS
Hyatt Regency Hotel, Milwaukee, WI
September 12-13, 2005***

3rd Annual Statewide Partners' Conference on Public Health and Hospital Emergency Preparedness

**Milwaukee, Wisconsin
September 12-13, 2005**

CONFERENCE SUMMARY

For more information, contact:

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3rd Annual Statewide Partners Conference on Public Health and Hospital Emergency Preparedness

Milwaukee, Wisconsin
September 12-13, 2005

The keynote presentations and several of the breakout sessions from this conference are available for viewing via the Department of Health and Family Services Website at:

<http://dhfs.wisconsin.gov/preparedness/conference.htm>

Day 1 - Webcast sessions:

Welcome and Opening Remarks

- Bevan Baker, Health Officer, City of Milwaukee Health Department
- Helene Nelson, Secretary, Dept of Health and Family Services
- Sheri Johnson, DPH Administrator, State Health Officer
- Major General Albert Wilkening, Adjutant General

Keynote: Trauma and Emergency Medicine in Israel

- Dr. Peleg Kobi, MD, MPH
Trauma and Emergency Medicine Research Unit
Gertner Institute, Sheba Medical Center, Israel

Plenary Session: Smallpox Response -A Historical Perspective

- Dr. Judith Leavitt, MA, PhD
Professor, History of Medicine, History of Science, and Women's Studies University of Wisconsin, Madison

Breakout Session: Maximizing the Impact of Public Health Preparedness

- Julie Hladky, Northwoods PHP Consortium
- Joan Theurer, Division of Public Health

Breakout Session: Worker Competencies for Emergency Preparedness

- Dr. Peter Raynor, PhD, Assistant Professor,
University of Minnesota, School of Public Health

Day 2 - Webcast sessions:

Welcome and Opening Remarks

- Dennis Tomczyk, Director, Hospital Preparedness, DPH

Keynote: Pandemic Influenza - What it Means for the Public Health and Hospital Systems

- Dr. Pascale Wortley, MD, MPH
Centers for Disease Control and Prevention

Plenary Session: Interim Pharmaceutical Stockpile (IPS) Deployment

[Part 1](#) | [Part 2](#) | [Handout](#) (ppt)

- Dennis Tomczyk, Director, Hospital Preparedness Program, DPH

Breakout Session: JCAHO on Emergency Management: Answer to Your Questions

- Jerry Gervais, CHFM, CHSP, Engineer, Dept of Standards

Breakout Session: Isolation and Quarantine: Emergency Powers to Protect People

- Gwen Borlaug, Infection Control Epidemiologist, DPH
- Shelley Malofsky, Office of Legal Council, DHFS

SAVE THE DATE!

**4th Annual Statewide Partners Conference on
Public Health and Hospital Emergency Preparedness**

**La Crosse, Wisconsin
September 11-12, 2006**



The Department of Health and Family Services,
Division of Public Health, Presents The
3rd Annual Statewide Partners' Conference on Public Health and
Hospital Emergency Preparedness

PREPARING WISCONSIN'S PUBLIC HEALTH AND HEALTHCARE SYSTEMS

Hyatt Regency Hotel, Milwaukee, WI

September 12-13, 2005

Conference Overview:

The 3rd Annual Statewide Partners' Conference on Public Health and Hospital Emergency Preparedness will be held September 12 and 13, 2005, at the Hyatt Regency Hotel in Milwaukee.

Keynote Speakers:

Monday, September 12, 2005

Dr. Kobi Peleg, PhD, MPH—Trauma and Emergency Medicine in Israel

Dr. Peleg is Director of the National Center for Trauma and Emergency Medicine Research at The Gertner Institute for Health Policy and Epidemiology at the Sheba Medical Center in Tel-Hashomer, Israel.

Dr. Judith Leavitt, MA, PhD—Smallpox Response – A Historical Perspective

Dr. Leavitt is the Ruth Bleier WARF Professor of Medical History, History of Science, and Women's Studies at the University of Wisconsin, Madison. Her major research interests are 19th and 20th Century public health and women's health. Her publications include: *The Healthiest City: Milwaukee and the Politics of Health Reform* (1982, 1996); *Brought to Bed: Childbearing in America 1750-1950* (1986); *Typhoid Mary: Captive to the Public's Health* (1996); *Sickness and Health in America* (1978, 1985, 1997); and *Women and Health in America* (1985, 1999). Her current research projects carry forward her childbirth studies and her interests in public health and gender. She was president of the American Association for the History of Medicine from 2000-2002.

Tuesday, September 13, 2005

Pascale Wortley, MD, MPH—Pandemic Influenza

Dr. Wortley is a medical epidemiologist in the National Immunization Program of the Centers for Disease Control and Prevention (CDC). She is a graduate of the University of Washington School of Medicine, and received training in public health and preventive medicine at the University of Washington. She completed CDC's Epidemic Intelligence Service and has worked at CDC for 13 years in several different programs, including HIV/AIDS Surveillance, Tobacco Control, and currently in the National Immunization Program. In her current position she conducts and directs research related to increasing immunization coverage in adults, including identifying effective interventions, determining factors that promote the implementation of such interventions, understanding the reasons for substantial racial/ethnic disparities in adult immunization, and approaches to overcoming barriers to vaccination in these populations. In addition, she is the national point person for state planning around pandemic influenza and has developed planning guidelines and tools to assist state officials in their planning activities.

Target Audience:

The target audience for this conference is lead staff and preparedness staff from the Wisconsin state and local health departments, tribal health agencies, local hospitals, public health and hospital preparedness regions, state and local emergency management agencies, state and local public health and hospital laboratories, the state homeland security agency, and other staff from partner agencies with an interest in preparing the Wisconsin health system for public health emergencies.

Agenda:

Day One: September 12

- 7:45 a.m. Registration and Continental Breakfast**
- 8:45 a.m. Welcome and Opening Remarks**
Bevan Baker, Health Officer, City of Milwaukee Health Department
Tom Barrett, Mayor, City of Milwaukee
Helene Nelson, Secretary, Wisconsin Department of Health and Family Services
Sheri Johnson, PhD, State Health Officer, Division of Public Health
Major General Albert Wilkening, Adjutant General of Wisconsin
- 9:30 a.m. Plenary Session Keynote: Trauma and Emergency Medicine in Israel**
Dr. Kobi Peleg, MPH, PhD
Trauma and Emergency Medicine Research Unit, Gertner Institute, Sheba Medical Center, Israel
- 10:45 a.m. Break**
- 11:00 a.m. Plenary Session Keynote: Smallpox Response--A Historical Perspective**
Dr. Judith Leavitt, MA, PhD
Professor, History of Medicine, History of Science, and Women's Studies University of Wisconsin, Madison
- 12:00 noon Lunch**
- 1:00 p.m. Breakout Session I**
- 2:30 p.m. Break**
- 2:45 p.m. Breakout Session II**
- 4:15 p.m. Adjourn**

Day Two: September 13

- 7:00 a.m. Registration and Continental Breakfast**
- 7:45 a.m. Welcome and Opening Remarks**
Dennis Tomczyk, Director, Hospital Bioterrorism Preparedness, Division of Public Health, Department of Health and Family Services
- 8:00 a.m. Plenary Session Keynote: Pandemic Influenza**
Pascale Wortley, MD, MPH
Centers for Disease Control and Prevention
- 8:00 a.m. Basic Disaster Life Support Training begins, continues until 5:00 p.m.*
- 9:00 a.m. Plenary Session: Interim Pharmaceutical Stockpile Deployment Demonstration**
- 10:15 a.m. Break**
- 10:30 a.m. Breakout Session III**
- 12:00 noon Lunch**
- 1:00 p.m. Breakout Session IV**
- 2:30 p.m. Adjourn**

5:00 p.m. Basic Disaster Life Support Training concludes

Conference Sessions: You may choose one session from each time period. (Please note that some sessions are repeated.)

Breakout Sessions for Monday, September 12, 2005

Session I -- 1:00 -2:30 p.m.

- 4 Levels of Communications Redundancy: Recommendations
- Mass Casualty Incident – Security Issues
- National Incident Management System (NIMS) Session 1 of 2
- Maximizing the Impact of Public Health Preparedness: A Local Planning Effort
- Behavioral and Mental Health in Terrorism and Disasters
- Small Discussion Group with Dr. Peleg

Session II -- 2:45 – 4:15 p.m.

- 4 Levels of Communications Redundancy: Recommendations
- Mass Casualty Incident – Security Issues
- National Incident Management System (NIMS) Session 2 of 2
- Trial by Wind and Water – How 211 Played a Vital Role During the 2004 Florida Hurricanes
- Worker Competencies for Emergency Preparedness
- Triaging Children During Mass Casualty Events

Breakout Sessions for Tuesday, September 13, 2005

- **Basic Disaster Life Support (BDLS)** is a day-long course being sponsored by the Wisconsin Medical Society. This course is approved for Category 1 PRA credit by the American Medical Association and will be offered from 8:00 a.m. to 5:00 p.m. on September 13th. The cost for this course is an additional \$50.00, and should be paid directly to the Wisconsin Medical Society. To register and pay for this course, visit the Wisconsin Medical Society web site at: http://www.wisconsinmedicalsociety.org/physician_resources/educational/bdls_mayandsept2005.pdf If you should elect to take BDLS, do not select any of the other breakouts for September 13th, and the cost of the Preparedness Conference will be \$30.00 for Day One. The BDLS curricula includes overview and disaster paradigm, natural and manmade disasters, traumatic and explosive events, nuclear and radiological weapon attacks, biological events, chemical events, the public health system, and the psychological aspects of disasters.

Session III -- 10:30 a.m. – 12:00 noon

- The Medical Reserve Corps, WEAVR and Volunteers in Emergency and Disaster Response
- Clandestine Methamphetamine Laboratories: Public Health Concerns and Emerging Issues
- How Can We Improve Epidemiology Capacity in the State of Wisconsin?
- JCAHO (Joint Commission on the Accreditation of Healthcare Organizations Standards) on Emergency Management: Answer to Your Questions
- 54th Civil Support Team for Weapons of Mass Destruction: Mission and Capabilities
- DVD Interactive Resource for Hearing/Sight Impaired and Spanish Speaking Persons with Fever/Rash or Acute Respiratory Illness

Session IV -- 1:00 p.m. – 2:30 p.m.

- The Medical Reserve Corps, WEAVR and Volunteers in Emergency and Disaster Response
- Clandestine Methamphetamine Laboratories: Public Health Concerns and Emerging Issues
- How Can We Improve Epidemiology Capacity in the State of Wisconsin?
- A Demonstration of the Activation of WEAVR and Wisconsin Disaster Credentialing
- Nutrition in Preparedness
- Isolation and Quarantine: Emergency Powers to Protect People

CONFERENCE EVALUATIONS

Day One – September 12, 2005

Keynote:
Dr. Kobi Peleg, PhD, MPH
Trauma and Emergency Medicine Research Unit
Gertner Institute
Sheba Medical Center, Israel

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	1	3	23	65	60
2. Increased understanding of topic addressed.	0	4	15	64	68
3. Presenter effective and knowledgeable in delivery of presentation.	0	1	13	46	92
4. Format was effective for delivering the content.	2	3	15	62	70
5. Q&A adequate.	0	2	21	66	63
6. Likely to use from this session in my practice.	6	6	45	48	46

Comments:

1. He skipped over some slides to get done in time – not sure if info skipped was important. I'm confident what he discussed and spent time on was most important information.
2. Very practical information, much of which is applicable to our planning.
3. Rooms cold.
4. Food poor.
5. Excellent!
6. Dr. Peleg had a nice sense of humor that engaged the audience. The material could have been provided in a shorter amount of time.
7. Would have like handouts.
8. He was an excellent presenter. His information was presented in a memorable way – easy to remember and use.
9. Dr. Peleg was excellent!
10. Very engaging speaker.
11. Excellent.
12. Great idea!
13. Language barrier.
14. Excellent presentation.
15. Nice to have his perspective.
16. Very knowledgeable. Little practical use to local public health.
17. Presenter was very difficult to understand.
18. Interesting information, but he was hard to understand.
19. I missed a few words because of accent. I hope to be able to see it on tape.
20. Dr. Kobi did an awesome job!
21. Great. Learning about disaster and having data to show why to do action.
22. Speaker was knowledgeable and entertaining, but not much eye-opening materials.

CONFERENCE EVALUATIONS

Day One – September 12, 2005

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Dr. Kobi Peleg, PhD, MPH
Trauma and Emergency Medicine Research Unit
Gertner Institute
Sheba Medical Center, Israel

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23. Very practical no nonsense information.
24. Speaker kept attention – use of humor appropriate. Good use of examples to further explain the concept. Would like copy of slides.
25. Handouts would have been helpful.
26. I really enjoyed the talk by Dr. Peleg.
27. Speaker should have used more stories, less data to illustrate presentation.
28. Copies of Powerpoint?
29. Interesting topic. New information re: other countries.
30. Excellent presenter! Thanks!
31. Slides hard to read. Very good!
32. At times hard to understand.
33. Camera blocked view of Powerpoint.
34. Room was too cold. A handout would have been helpful. Very interesting!
35. The screen was located in a place where it was not visible for all. I sat near the front and fully half of the screen was blocked. Valuable data was not visible.
36. Great speaker. I wish I could understand him a little better. Were there slides in the packet? That would have been great!
37. Too long – he was hard to understand and it was too long to concentrate on interpreting! Hard to see PowerPoint's. Lights dimmed didn't help.
38. I really enjoyed the international perspective of this presentation!
39. Way too crowded!!
40. Lighting great for videotaping, but caused a problem in clarity and visualization of his Powerpoint presentation. Needed a speaker spotlight.
41. Very good!
42. Excellent first hand real life knowledge.
43. Very nice gentleman. Did have some trouble understanding him.
44. Material seemed redundant. he was also hard to understand.
45. Would like presentation slides emailed to me. (Bob Wilcox, Eau Claire)
46. Presenter knowledgeable, but I had a hard time with the accent of the speaker.
47. Very good session!
48. Excellent presentation!!! I would like to see Dr. Peleg brought back for an expanded seminar.

Total Surveys Returned: 152

**Plenary Session:
Dr. Judith Leavitt, MA, PhD
Smallpox Response
A Historical Perspective**

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	0	3	12	67	69
2. Increased understanding of topic addressed.	0	1	14	54	82
3. Presenter effective and knowledgeable in delivery of presentation.	0	0	7	44	100
4. Format was effective for delivering the content.	0	2	9	51	90
5. Q&A adequate.	0	0	12	63	77
6. Likely to use from this session in my practice. (One written comment to this: "God, I hope I don't have to.")	2	4	27	62	56

Comments:

1. Should have stressed that secondary cases of smallpox were hospital acquired infections and not community acquired. Enjoyed learning about Milwaukee's history
2. Very important information. This is the first time I have heard it addressed.
3. Well presented.
4. Very knowledgeable, good speaker.
5. I liked the historical perspective and the details about "key players" and their effectiveness.
6. Can really see the parallels between Milwaukee and New Orleans.
7. Interesting comparison of how two cities responded and reacted to a similar situation.
8. Interesting – good tie-in with current preparations.
9. Great stuff to learn – but not going to help me with plans.
10. Fascinating presentation. I loved the historical information.
11. Very good presentation. We must learn from the past. Excellent speaker!
12. Great speaker.
13. Just okay.
14. Main messages were good. Time to cover the topic too long. Presenter very knowledgeable.
15. I learned a lot.
16. Great speaker ... however ... it was difficult to view Powerpoint – next year have another screen midway through room. Also, please consider using a video camera to display the image of the person speaking on a screen (like they do at the Governor's conference on homeland security).
17. This was a very informative session. The presenter was very knowledgeable.
18. Lessons learned – interesting and informative.
19. Thanks.
20. Would have been better served in the first year of preparedness activities instead of year 3! Very good speaker.
21. Fantastic presenter! Useful information. I could have listened to her all day. The time flew by!
22. Camera blocked view of Powerpoint presentation.
23. Outlining and explaining the implications for today. Enjoyable presentation.
24. Very good historical perspective.
25. Excellent approach – to examine historical perspectives to identify errors in planning and approach. As Dr. Peleg stated in these circumstances, mistakes will be made – let's look at them

- and not make the same mistake twice!
26. Good length of session. Easy to follow along, see, understand ...
 27. Enjoyed the historical perspective – always lessons to be learned.
 28. Spoke re: past issues, not today's issues. However, some past history is useful what we can expect or what might help today.
 29. Excellent speaker.
 30. Exceptional.
 31. Too much history, not enough lessons learned. Powerpoint bullets now very effective for topic such as this.
 32. Good session. Really showed how, even though our technology has changed, our mind-set is still way behind the times!
 33. Meal was skimpy – poor service.
 34. At first I thought that a historical report would just give info – but since history repeats itself, the ideas/guidelines for what worked best re media/info/cultural awareness was helpful.
 35. This was very interesting. I really enjoyed the presenter's perspective.

Total Surveys Returned: 151

**Breakout:
Four Levels of Communications
Redundancy: Recommendations**

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	0	0	4	19	21
2. Increased understanding of topic addressed.	1	0	3	21	19
3. Presenter effective and knowledgeable in delivery of presentation.	1	0	3	24	16
4. Format was effective for delivering the content.	0	1	5	21	17
5. Q&A adequate.	0	3	6	17	18
6. Likely to use from this session in my practice.	0	1	3	21	19

Comments:

1. Paul Wittkamp, preplanning? All planning is pre.
2. Excellent information, but a bit hurried.
3. Very helpful. Huge problem. Wonderful to see the state helping developing plans for communications. We have been looking for something like this for year.s
4. How to maximize communications tools – how to use as many of us may not know.
5. Excellent info, although gone over very fast. Need more details.
6. Expert committee is behind in the process. Needed info earlier.
7. Is already planned.
8. Much too late to meet Sept. 30 deadline.
9. Instead of telling ph people what devices are needed and leaving to each jurisdiction, provide the tools. The recommendations are coming too late for locals to go thru processing in budget.
10. Speakers read the subject off handouts.
11. Mr. Darrow showed little enthusiasm.
12. Very practical info geared for the novice. Just what I needed.
13. Please bring speakers knowledgeable in communications specific to hospital and public health needs. Paul did well!

Total Surveys Returned: 44

**Breakout:
Mass Casualty Incident – Security Issues**

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	1	1	5	8	12
2. Increased understanding of topic addressed.	2	2	2	8	13
3. Presenter effective and knowledgeable in delivery of presentation.	1	1	1	11	13
4. Format was effective for delivering the content.	1	1	2	13	10
5. Q&A adequate.	2	1	2	11	14
6. Likely to use from this session in my practice.	2	2	4	8	10

Comments:

1. He held the interest of the crowd including participation, questions and interesting life stories.
2. Security challenges and solutions during a mass clinic event. Really didn't apply to public health. Focused on hospitals. Thought it would deal with security issues during a mass event on scene.
3. Too much emphasis on day to day customer services. Very little info on training/cross-training. Too much emphasis on what his staff does. Used a canned presentation, lacked originality, no reference to security at hospitals during Oklahoma City/Tokyo/9-11-01.
4. This presenter was good and entertaining, but was a little full of himself.
5. I would have liked to have seen or heard of examples/ideas for small hospitals; with no on-duty security staff and very limited resources from local law enforcement (2 local PD units on duty). How do we secure our hospital during this MCI when law enforcement; local, county, and state are at the MCI scene and not available for our hospital?
6. Excellent presenter.
7. A greater emphasis on use of info (and useful info) for public health would have helped.
8. Case studies – examples.

Total Surveys Returned: 27

Breakout:
National Incident Management System
(NIMS) Session 1 and 2

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	0	0	0	7	23
2. Increased understanding of topic addressed.	0	0	0	6	24
3. Presenter effective and knowledgeable in delivery of presentation.	0	0	0	6	24
4. Format was effective for delivering the content.	0	0	0	9	21
5. Q&A adequate.	0	0	0	11	19
6. Likely to use from this session in my practice.	0	0	0	9	21

Comments:

1. Speaker was very knowledgeable.
2. Speaker was very knowledgeable.
3. Excellent session. The test review helped reinforce the content.
4. Excellent speaker!!
5. He did a great job. Informational and entertaining.
6. Please include speaker names on daily agenda at front of binder. Thanks!
7. Manage questions (save to end). Stay on time! Cut humor if you are going over in time.
8. A lot of information.
9. Some powerpoint slides were difficult to see.
10. Jeff Jelinek was a good speaker.
11. Thanks.
12. Thanks! Too cold!
13. This is all new information, complex but good. Good job! Thank you.

Total Surveys Returned: 30

**Breakout:
Maximizing the Impact of Public Health Preparedness:
A Local Planning Effort**

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	0	2	2	17	13
2. Increased understanding of topic addressed.	0	2	9	17	11
3. Presenter effective and knowledgeable in delivery of presentation.	0	1	0	14	20
4. Format was effective for delivering the content.	0	1	2	17	19
5. Q&A adequate.	0	1	3	19	17
6. Likely to use from this session in my practice.	0	3	3	15	13

Comments:

1. Thanks for sharing actual examples.
2. Very helpful – it was obvious having a public health background at the consortium level is necessary for effective planning.
3. Conversation from session in next room was loud and very distracting!
4. I was hoping for specific help for maximizing my planning, e.g., “first do this,” “then do this.” I am struggling with getting specific information.
5. CD copies of items would have been great.
6. Offered very concrete/visible information to use. Examples – able to take concepts and implement.
7. The written information regarding the presentation was very different than the information presented.
8. Epidemiology. Legal consideration. Biostatistics.
9. Excellent presentation. I plan to use this process in other programs I coordinate.
10. Still difficult to plug in the objective.
11. This was not what I expected based on information sent out.
12. The breakout session description wasn’t accurate – the session was different than what I anticipated from the description.
13. Good presentation Speakers well prepared and very organized. Many personal comments on the process used and good logical background shared by both speakers.
14. They could have skipped the “play” before/after the presentation.

Total Surveys Returned: 35

**Breakout:
Behavioral and Mental Health in
Terrorism and Disasters**

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	0	0	2	9	33
2. Increased understanding of topic addressed.	0	0	1	8	36
3. Presenter effective and knowledgeable in delivery of presentation.	0	0	0	7	40
4. Format was effective for delivering the content.	0	0	1	5	37
5. Q&A adequate.	0	0	6	10	29
6. Likely to use from this session in my practice.	0	0	4	5	36

Comments:

1. Information geared toward outpatient clinics vs. solely hospital focused.
2. The presenter was very good, but he spoke so fast! Very educational slides.
3. Wonderful presentation/speaker.
4. Excellent!
5. Excellent. Good guidance for hospitals.
6. More behavioral health! Brilliant! Very good speaker! Too bad not more time.
7. Great presentation! It went fast! Good pics!
8. What a great prepared speaker – easy to list to – very good Powerpoint – his points were clear. Directly appropriate as I work with hurricane affected people and other clients in the area.
9. Excellent presenter and program!
10. Dr. Schultz's presentation was very practical. Thank you, Dr. Schultz, for sharing your gift!
11. The guy was good!
12. Speaker had the most amazing wealth of information I have ever seen!
13. More on behavior – management – spiritual aspects to disaster happens. How to incorporate in to our disaster plans. Dr. Schultz was a dynamic, very knowledgeable speaker. Covered a lot of information in a short time. Very interesting topic.
14. Absolutely excellent – should have been a keynote.
15. Dr. James Schultz should be considered for the keynote speaker!!!!
16. The speaker was a little too fast paced for me, but he warned us!
17. Please bring this program to Wisconsin – very useable, needed, and practical information needed in the development of our plans.
18. Very dynamic.
19. Could split this into 2 sessions to cover all information!
20. More content from this speaker.

Total Surveys Returned: 45

**Breakout:
Small Discussion Group with Dr. Peleg**

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	0	0	0	7	5
2. Increased understanding of topic addressed.	0	0	1	5	6
3. Presenter effective and knowledgeable in delivery of presentation.	0	0	0	4	8
4. Format was effective for delivering the content.	0	0	0	5	7
5. Q&A adequate.	0	0	0	6	6
6. Likely to use from this session in my practice.	0	0	1	6	5

Comments:

1. Thank you for bringing Dr. Peleg to Wisconsin.
2. Importance of exercises. Very good – much better than group presentation.
3. Language barrier.

Total Surveys Returned: 12

Breakout:
Trial by Wind and Water – 211 in Florida

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	0	2	3	7	3
2. Increased understanding of topic addressed.	0	1	4	8	2
3. Presenter effective and knowledgeable in delivery of presentation.	0	2	4	6	3
4. Format was effective for delivering the content.	0	3	5	4	3
5. Q&A adequate.	0	1	3	6	4
6. Likely to use from this session in my practice.	0	0	5	6	4

Comments:

1. Questions from audience could have been deferred until end of presentation. These personal questions were distracting.
2. Steve Marshall and Lisa Pentony did a very good job addressing questions from a rather aggressive member of the audience.
3. Next year we should have another 211 presentation. Great presentation – I learned the most from this session.
4. Disorganized presentation.
5. Hard to hear speaker in back of room. Too many questions (unrelated to specific presentation) before speaker was given an opportunity to present. Facilitator/room monitor would have been helpful.
6. Consider this topic again – with stronger representation by WI people working with 211 systems. The food at the conference was awful (Salad & cake? That's it? Just a croissant, no pastries or other fresh fruit for continental?)

Total Surveys Returned: 15

Breakout:
Worker Competencies for Emergency Preparedness

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	1	4	22	16	5
2. Increased understanding of topic addressed.	1	9	20	14	4
3. Presenter effective and knowledgeable in delivery of presentation.	1	7	14	18	9
4. Format was effective for delivering the content.	2	6	20	15	5
5. Q&A adequate.	0	1	10	23	9
6. Likely to use from this session in my practice.	3	9	18	14	4

Comments:

1. Started with audience interaction -- good. Good to use examples.
2. Content was very basic for audience who have been active in emergency response for 2+ years. Good resources provided, i.e., web sites.
3. Too basic, we've begun to address competencies in our planning. We are aware what workers need to know, how do we implement?
4. Slides unreadable. Speaker seemed uninterested in topic, may not have been the best topic for this conference.
5. Dry. Web sites/resources useful. I truly believe he knows what he's talking about – but didn't get much off his presentation. Extremely dry – too much time spent reading every point on the slides right in front of us.
6. Do not drag each slide out so much. Make a point and move on.
7. Too general other than giving of web sites. Training information readily available. Demonstrations of competencies needed. Want health care, not laborers at this conference.
8. Could have gotten to the point a little quicker.
9. I was hoping for specific information on what competencies need to be addressed for public health employees. However, good resources were cited and I will explore.
10. I thought it was going to be more about how and apply and use competencies better – not simply what are the competencies – we all already know the info 3 years ago.
11. I would have liked more specific information for hospital workers vs. for all types of employees. Gave many web sites to go to. I think he could have given a little more specific on what was in web sites – at least for hospitals and public health.
12. I was looking for information on actual use of the competencies.
13. Not a good session – old news. Didn't seem to know what's already been done by HRSA, JCAHO requirement, etc. Waste of my time.
14. It gave me some resources to study. If it was more interactive, less reading slides. I am surprised how each slide was read. I do appreciate the info on the slides.
15. Read information off handouts. Too basic.
16. Too basic in content.

Total Surveys Returned: 48

Breakout: Triageing Children During Mass Casualty Events

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	2	5	5	16	6
2. Increased understanding of topic addressed.	2	6	6	13	6
3. Presenter effective and knowledgeable in delivery of presentation.	5	5	11	9	5
4. Format was effective for delivering the content.	5	9	9	10	1
5. Q&A adequate.	1	1	5	16	10
6. Likely to use from this session in my practice.	1	6	6	16	4

Comments:

1. Monotone. Speaker spoke very fast. Dr. Yen basically read his slides – very poor presentation! Too much hospital based information. Inappropriate for a “partnership conference.” Way too detailed.
2. Don’t read your notes – use the slides as guides – good info – poor presentation – boring. Change slides – instead of using color coded people, use the words for color. People do not print in that color!
3. Ineffective presentation.
4. Dr. Yet read from Powerpoint only. It would have been better to simply highlight home triage is different in a MCI vs. daily triage.
5. Read, no new information, boring, hardly looked up, no clue of audience around him.
6. I have already read about jump start – did not increase my information. He just read to us.
7. Worst speaker I have ever heard! Terrible. He read very fast from his script. Seemed he had somewhere else to go. What a total waste of time!
8. Room was cold.
9. Excellent information.
10. I could have read the presentation – poor delivery. Very knowledgeable.
11. Presenter raced through the presentation and basically read slides. Finished 45 minutes ahead of time.
12. I was hoping for additional comments from speaker that would go beyond the slide presentation.
13. Information about START and Jump-START was fine. But then go through a scenario and let class learn/use information that was presented. Many people in this session have no knowledge of field triage. Putting principles to work outside of the public health department or hospital is not something many have done. Information basics were given, now put it to work through small scenarios.
14. He just read the slides.
15. Presenter just read the slides – I was disappointed.
16. Speaker could speak slower for better understanding.
17. Admitted there are unknowns still to be studied. Glad he gave web sites for it was hard to read slides.
18. Knowledgeable speaker, however, he read his presentation instead of talking to us.
19. Terrible presentation. Spoke too fast. Unable to understand. Did not get the sense that he was an expert in this area.
20. This speaker is sometimes hard to understand and tends to read his slides, making him less effective as a speaker.

21. It would have been beneficial to share tactics used in the past to gain compliance from pediatric patients. Effect of development on thought processes, case scenarios with use of triage models.
22. Dr. Yen spoke very quickly. Difficult to keep up with him or process content presented.
23. I cannot believe a MD would do nothing but read each slide in a soft monotone – I, too, can read the slides. I need examples to support the slide information. Could have been a very necessary presentation of ideas. Was he a last minute stand-in?
24. I was disappointed. I was expecting to have more in depth information regarding handling children during a disaster – especially social service issues.

Total Surveys Returned: 36

**Keynote Session:
Pascale Wortley, MD, MPH
Pandemic Influenza**

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	0	0	6	52	71
2. Increased understanding of topic addressed.	0	0	6	45	74
3. Presenter effective and knowledgeable in delivery of presentation.	0	1	2	37	85
4. Format was effective for delivering the content.	0	9	4	44	80
5. Q&A adequate.	0	0	2	46	77
6. Likely to use from this session in my practice.	0	1	3	42	75

Comments:

1. Good suggestions for every hospital and public health.
2. Excellent speaker and presentation. Thanks to the planning committee! I appreciate all of your efforts.
3. Very knowledgeable speaker. Enjoyable and informative.
4. Thanks!
5. Wonderful information, insightful – well presented!
6. Outstanding speaker.
7. I will definitely pass on information to education and ICP personnel at my hospitals.
8. Great presentation!
9. Table set-up bad. Couldn't move freely.
10. As a health care worker – I may not have the information re infection control – therefore, don't assume everyone knows difference of terms, definition, outbreak, etc. – endemic vs. pandemic. Explaining to those with no background is helpful. I did like the discussion process.
11. Excellent presentation! Very useful and informative albeit foreboding.
12. Meal skimpy. Extremely poor service. Had beverages and bread served after the table had completed the meal. Needed to ask for bread, as it was never served.
13. Good location.
14. She is an effective speaker. Knowledgeable and credible!
15. Excellent!
16. Important that have CDC leadership – recognition that need high level federal policy. PH – federal needs to control production and distribution. Shouldn't be divided by private section. Animal control also critical issue.
17. Very nice job.
18. Already pretty knowledgeable in this topic ... so it was nothing new. I was hoping for a fresh perspective.
19. Very good presentation – good information/oversight.
20. Very interesting presentation.
21. Good information!
22. Excellent!
23. Serious topic – session was delivered very dry.

24. Kind of monotone for morning sessions.
25. Speaker is very quiet.
26. Very knowledgeable speaker.
27. Excellent, vibrant speaker.
28. Hardest part is the concept that we can't do anything of significance to control it, based on what was acknowledged at the conference.
29. Excellent.
30. Wonderful. Practical.

Total Surveys Returned: 127

Plenary Session:
Dennis Tomczyk, Director, Hospital Bioterrorism Preparedness
Pharmaceutical Stockpile Deployment Demonstration

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	2	4	21	55	45
2. Increased understanding of topic addressed.	3	11	19	50	43
3. Presenter effective and knowledgeable in delivery of presentation.	5	10	27	45	35
4. Format was effective for delivering the content.	17	22	29	30	26
5. Q&A adequate.	6	14	24	41	32
6. Likely to use from this session in my practice.	4	7	29	42	38

Comments:

1. Would recommend that a medical screener be assigned to each table. The interactive idea was great! But just like reality, with body talking/moving =- chaos.
2. Talking – during the Powerpoint presentation.
3. It was not a good plan to do a practice exercise and continue to lecture during the exercise.
4. Good exercise, but was very noisy. Unable to hear during that time. Is this template available? Missed that part. Good lesson in crowd control.
5. Very bad demonstration.
6. The exercise conflicted with the presentation.
7. There are many un answered questions still. The whole drill was too crazy – no one listened to the speakers any longer.
8. The format of the presentation was very distracting. This was very important information with necessary content, but unfortunately I got very little out of it as soon as participants were asked to complete the medical form ... speakers were unable to be heard, little direction was given.
9. We didn't get most of the information because it was attempted during the "exercise"! Poorly thought out. Give all information before "exercise"!
10. Since it's unlawful for nurses (RN) to dispense medications – how do we get around this?
11. Good demonstration – need to have an exercise.
12. Need to have pre-printed labels.
13. This session was very distracting. Don't feel the activity was beneficial at all. Distracting and couldn't hear anything from speakers.
14. Thanks for the yummy meds. "This here" was extremely annoying!
15. You should never try to keep talking while the exercise is going on. All of that information was falling on deaf ears (too much other activity).
16. Redundant exercise in dispensing.
17. The simulated pill distribution was way too corny for this level conference, and trying to have someone talk over/during it was very ineffective.
18. FYI – Please check your "cheat sheets" for giving appropriate medication. I marked that I am allergic to penicillin and the sheet said to give me amoxicillin. After conferring it was discovered that the "cheat sheet" is incorrect. NOT GOOD!!!
19. Distribution of meds was disorganized. Needed to do drill beforehand. Very unclear as to how this will work in Region 7 with 33 hospitals, probably 40-50,000 employees and family members. How will state patrol make all these deliveries in 2 hours?

20. Covering slides during the exercise did not work well. Both activities were important, but lost audience in both activities, may not have accomplished either slides/information or exercise.
21. My apologies for the inability of health professionals to be quiet during this exercise – we could have and should have been. We showed no restraint – and total lack of courtesy. Sorry.
22. Barb Thies needs to work on speaking skills in public forums. Stop using “this here.”
23. Difficulty with members not familiar with ideas presented for first time. Could do group demo vs. having everyone participate. No clear directions for first 4 tables go left. Barb 4 tables go back. Otherwise idea good for participants to “see” process.
24. Trying to give speaking instruction while carrying on an exercise is not an effective way to teach. We will be holding a full-scale mass clinic exercise in Barron County Oct. 14. I did learn today many things to do differently than originally planned to insure the success of our clinic.
25. Trying to continue the lecture while everyone was standing in line was very ineffective.
26. Presenting during the activity was not a good idea. The speaker could not be heard.
27. Not enough space for people to move around. Straight tables with dedicated “walking aisles” would be a lot nicer/easier.
28. Not as relevant for my position, but important for ...
29. Once the exercise started the speakers should have stopped speaking as we could not understand them. More instruction was needed for the exercise. Otherwise a great idea. Speakers before the exercise, especially Barb Thies, were great!
30. The IPS protocols/procedures seem to have changed since the March meeting. Several key points identified at the March meeting were not incorporated in the plans (update screening forms, etc.). IPS is still not dear to local PH! More confused after today.
31. Very noisy. Couldn't hear the Powerpoint with everyone in line.
32. Juneau presenter lost crowd interest – get to the point, do not dwell on their own accomplishments!
33. Trying to have the speakers present the material during the activation of the IPS was a horrible idea. It's impossible to control that large of a group. Should have had the pandemic flue and smallpox presentations on Monday. Skipped the presenter from Israel, and on Tuesday had this presentation first in one room, then the exercise in a separate room. It's not necessary to cram so much into one session.
34. PH seems to be step-child in process – try for better coordination.
35. Good resources/ideas/longer “to do” list.
36. Poor setting to test IPS. Unfortunately, lines did not allow me to hear the remainder of the Powerpoint presentation. Those in line who were not familiar with IPS were very confused about the scenario.
37. BAD IDEA!!!
38. Did not think the hands-on was helpful.
39. It really showed how a plan works strengths and weaknesses.
40. Definitely showed the need for a good PA system to be heard above the noise of the crowd.
41. Exercise: PH agencies already attended demonstration on a mass clinic setup. Exercise unnecessary. Written directions would have been helpful. Screening of family members not included. Speakers: Very good and helpful.
42. The activity may have been more beneficial if a smaller group participated in activity – allowing the larger group to learn from activity – using different scenarios regarding the dispensing of meds. Because of size of room, it was difficult to hear what Dennis was saying while activity was going on.
43. This was interesting. First time I heard about IPS.
44. Interesting to see breakdown of decorum during screening/medication scenario.
45. Needed to discuss recent WI disaster – tornadoes! Should have had speakers on local response. This suggestion was made before conference to regional office. What a missed opportunity. Can state contact large Rx like Walgreens to cooperate with IPS plan?
46. The walk through demo was a disaster.
47. Info: ideas presented won't work in disaster – learn from New Orleans – People act in different ways. Prepare for mass hysteria – use helicopters to drop supplies in, use armed guards. Have all prepackaged – preprinted labels.
48. This session was a waste of time.

49. This “exercise” could have been better organized and demonstrated. Trying to continue Powerpoint presentation during exercise was useless, and I’m sure frustrating for you. Good idea – below average execution – for those of us having already participated in similar exercises – it was useless and chaotic.
50. Unable to hear – can’t do two things at one time.
51. Too many acronyms were used, exercise was not helpful. I would rather listen to the presenter detail a scenario with challenges (bottlenecks, noncompliance, med rxs).
52. Would have been more effective if entire presentation was given and then exercise conducted. I loved the interaction part of program, but would have worked better if presentation was not going on at same time.
53. Do not try to do an exercise while trying to speak. Very confusing, you couldn’t hear anything, waste of time.
54. Way too loud – didn’t even know who talking – most people went out for break – something should have been said when introduced to the exercise.
55. Not effective during dispensing. Keep folds in seat!
56. Ineffective way of presenting and “exercise”? Information presented was drastically different from information previously disseminated – need to be more specific detail oriented, and allow for audience to digest.
57. Speaking during presentation did not work while going through exercise.
58. Presentation still continued through walk-through of dispensing – distracting. Wasn’t appropriate to complete an exercise deliverable during this conference.
59. Spending time on the “functional” part of Rx dispensing wasted valuable time and prevented hearing and/or seeing any of the remaining presentation.
60. Different info than previously given.
61. Not at all effective trying to provide information while exercise going on.
62. Information was available, group should be given credits for creativity, but delivery was not ideal.
63. Not well planned – separate facility.
64. Confusing. Anthrax is not contagious so why would we offer prophylaxis to family members of health care workers? What about those at the scene of the anthrax release, would the IPS be used for those patients and who would be responsible for them?
65. The content was very pertinent and the involvement in dispensing, labeling, screening, etc., was more meaningful.
66. Lost control of group when doing exercise – needed to explain process prior to.
67. Too much chaos for learning to occur. Too hard to hear.
68. That was a crazy demonstration project – Time could have been better utilized by perhaps just using a small group of people to go through the process. No one was hearing anyone as they were speaking. What a waste of our time!

Total Surveys Returned: 127

Breakout:
The Medical Reserve Corps, WEAVR, and
Volunteers in Emergency and Disaster Responses

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	1	1	3	17	13
2. Increased understanding of topic addressed.	1	1	5	17	11
3. Presenter effective and knowledgeable in delivery of presentation.	1	1	4	13	15
4. Format was effective for delivering the content.	1	1	8	13	11
5. Q&A adequate.	1	4	8	11	9
6. Likely to use from this session in my practice.	0	3	6	15	11

Comments:

1. Excellent! One of the best sessions of the conference!
2. Honestly – never heard of Medical Reserve Corps. Very helpful! Good exercise! Disc very helpful link.
3. Focused on teambuilding in first half – very few specifics. Did not talk about WEAVR.
4. Need outline for group project in clearer form. This was confusing at start. Who is in MRC, response time, capabilities, major uses of MRC to date.
5. Great session. Thank you for the CD!!
6. Will probably get more info from the CD given, otherwise not enough time to have 2 speakers in 1 session.
7. No information on WEAVR. Ran out of time.
8. If a presenter is ill, please get someone else to present – rather than spread illness to people that attend the breakout session.
9. Great!
10. “SHIP” theme terrific!!! Showed time and effort with the plan for the presentation. Volunteers forms helpful – will forward to staff that work with volunteers.
11. Need to stay on topic – I learned very little about WEAVR and MRC – better luck next year? Presentation would have been great for middle schoolers.
12. The MRC and Volunteers in Emergency Disaster Responses need to be separate. The MRC is not really what I wanted to hear about, but it seems like it was more promoted than the Volunteers.

Total Surveys Returned: 35

**Breakout:
Clandestine Methamphetamine Laboratories:
Public Health Concerns and Emerging Issues**

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	0	1	2	9	37
2. Increased understanding of topic addressed.	0	2	1	2	43
3. Presenter effective and knowledgeable in delivery of presentation.	0	0	0	4	44
4. Format was effective for delivering the content.	0	0	2	7	38
5. Q&A adequate.	0	0	1	3	42
6. Likely to use from this session in my practice.	0	1	5	12	28

Comments:

1. Good topic – informative speaker.
2. Excellent speaker – very informative.
3. Excellent presentation. Very knowledgeable speaker with great information shared.
4. Great information.
5. Very good!!
6. Excellent program!
7. Excellent speaker!
8. Excellent presentation.
9. Speaker was great!
10. Henry is a wonderful presenter.
11. Very good presentation!
12. Excellent!
13. This presentation was absolutely wonderful. The audio visuals were particularly beneficial.
14. Well done. Lots of new information – very helpful.
15. Very interesting!
16. Great information – easy to understand and good overview of meth labs.
17. Thanks!
18. Table layout much better.
19. Interesting and informative.

Total Surveys Returned: 48

Breakout:
**How Can We Improve Epidemiology
Capacity in Wisconsin**

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	1	3	9	6	6
2. Increased understanding of topic addressed.	1	1	10	6	6
3. Presenter effective and knowledgeable in delivery of presentation.	0	0	6	7	12
4. Format was effective for delivering the content.	0	1	5	8	11
5. Q&A adequate.	0	0	3	8	12
6. Likely to use from this session in my practice.	4	3	4	9	3

Comments:

1. Despite the fact that I support education at the highest level, we would be short-sighted to replace highly experienced and helpful and knowledgeable state epidemiologists simply because there are masters prepared individually in the state as well. Perhaps that wasn't being suggested, but I felt an undercurrent.
2. This was repeat of what we've discussed in the past.
3. Public health oriented – didn't really apply to partners like me.
4. I liked how the participants were involved.
5. Couldn't this all be done in one day? Information on smallpox, influenza, etc., all my basic and unnecessary to spend time on. Just do actual planning, problem and issue discussions.
6. Good discussion!
7. Thank you to this group for taking on this ambitious project (badly needed subject).

Total Surveys Returned: 25

**Breakout:
JCAHO on Emergency Management:
Answers to Your Questions**

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	0	0	2	3	13
2. Increased understanding of topic addressed.	0	0	1	4	13
3. Presenter effective and knowledgeable in delivery of presentation.	0	1	0	3	14
4. Format was effective for delivering the content.	0	0	1	4	13
5. Q&A adequate.	0	0	2	3	11
6. Likely to use from this session in my practice.	0	0	2	3	11

Comments:

1. I can read Powerpoint slides myself!
2. Noise from other conference room disruptive.
3. Thanks. Lot of noise from adjoining conference session.
4. Presented complex and “dry” information very well.
5. Very well done.

Total Surveys Returned: 18

Breakout:
54th Civil Support Team for Weapons of Mass Destruction:
Mission and Capabilities

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	0	1	3	8	2
2. Increased understanding of topic addressed.	0	1	2	8	3
3. Presenter effective and knowledgeable in delivery of presentation.	1	2	5	5	1
4. Format was effective for delivering the content.	0	1	7	5	1
5. Q&A adequate.	0	0	2	7	5
6. Likely to use from this session in my practice.	0	1	9	3	1

Comments:

1. This was okay. Not 1 ½ hours for it though.
2. Great.
3. Very short – could have combined with another session.

Total Surveys Returned: 14

**Breakout:
DVD Interactive Resource for Hearing/Sight Impaired
and Spanish Speaking**

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	0	0	3	3	12
2. Increased understanding of topic addressed.	0	1	1	1	13
3. Presenter effective and knowledgeable in delivery of presentation.	0	0	1	1	14
4. Format was effective for delivering the content.	0	0	1	1	13
5. Q&A adequate.	0	0	3	3	12
6. Likely to use from this session in my practice.	0	1	3	3	10

Comments:

1. Great idea for adaptation for mass clinic sites for rural areas without interpreters.
2. Wonderful speaking team – expounding on this topic with multiple languages should be investigated.
3. Excellent and very timely topic of meeting the need of our deaf and hard of hearing. Spanish population, very informative!
4. Would have liked to have the DVD available at the conference. Would like to see it in Hmong. Would like to see speaker address other issues, like chest pain.
5. This was outstanding – we need it in Hmong and Russian.
6. More courses in special populations. This has been the best lecture thus far. Too bad so few attended!
7. The information was good, but I was hoping it would have addressed working with the deaf during a disaster.

Total Surveys Returned: 16

Breakout:
A Demonstration of the Activation of WEAVR and
Wisconsin Disaster Credentialing

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	0	0	0	2	4
2. Increased understanding of topic addressed.	0	0	0	2	4
3. Presenter effective and knowledgeable in delivery of presentation.	0	0	0	1	5
4. Format was effective for delivering the content.	0	0	0	3	3
5. Q&A adequate.	0	0	0	2	4
6. Likely to use from this session in my practice.	0	0	0	2	4

Comments:

1. Course was called “A demonstration of the Activation of WEAVR ...” There was nothing on WEAVR.
2. Very helpful.

Total Surveys Returned: 6

**Breakout:
Nutrition in Preparedness**

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	0	0	1	4	5
2. Increased understanding of topic addressed.	0	1	1	3	5
3. Presenter effective and knowledgeable in delivery of presentation.	0	1	0	5	4
4. Format was effective for delivering the content.	1	0	2	3	4
5. Q&A adequate.	0	0	1	3	6
6. Likely to use from this session in my practice.	0	1	1	5	3

Comments:

1. Great topic – needs to be expanded upon. Perhaps make it a keynote for next year’s conference because more people need to hear this.
2. Terrible presenter.

Total Surveys Returned: 10

**Breakout:
Isolation and Quarantine:
Emergency Powers to Protect People**

Evaluation Scale:	1 Strongly Disagree	2 Disagree	3 Agree Somewhat	4 Agree	5 Strongly Agree
1. Provided useful info for use in developing preparedness plans/activities.	0	0	5	13	28
2. Increased understanding of topic addressed.	0	0	4	16	27
3. Presenter effective and knowledgeable in delivery of presentation.	0	0	3	15	29
4. Format was effective for delivering the content.	0	0	4	18	25
5. Q&A adequate.	0	0	2	16	29
6. Likely to use from this session in my practice.	0	0	6	15	26

Comments:

1. Need specific guidance re tribal law/issues. We need a template policy and procedure following Ms. Malofsky's outline (followed by Ms. Borlaug's).
2. Local health departments always need review of this issue.
3. I would like to see a decision tree/flow chart for how medical orders would come down from Jeff Davis and how it fits with local statute and fit with local med advisor. On slides and in speaking – please clarify “department” does that mean DHFS or LPHD??
4. Good job by both.
5. Good to have speakers on platform so can be seen – mics to be heard – concise information – reference statutes helpful.
6. Very informative.
7. A practical example – lessons learned. Have Randi Wind Milsap from WEM address this topic next year. A CD handout of the material would have been helpful.
8. Good informative session.
9. Good presentation!
10. Many people

Total Surveys Returned: 47

Overall Conference Comments:

- Downtown Milwaukee is not a convenient or easy to access location. \$15 a day parking adds to the expense of the event for participants. There was not enough food for breakfast on the first morning and the carts were removed before everyone had a chance to eat. Water on the tables would have been nice.
- Location of Seminar: Difficult to get to with construction, traffic, etc. Parking was expensive (\$15/day).
- Facilities: Got to seminar at 8:40 a.m. and all the food was gone except for apples.
- Location: excellent. Facilities: excellent with appropriate temperature in rooms.
- Great idea! More bananas! Cheese plate in a.m. – we need protein.
- Would like to see more involvement of local departments at planning levels for conference.
- Registration – we arrived late and requested chairs for the back to not disrupt speakers by searching for place in the front. The registration person was rude and refused – stated “there are seats all over.” Approximately 20 people were standing.
- It’s nice having a room with tables to put writing materials on, however, have the people have to turn their chairs away and put binders on their laps. Consider having room set up in a classroom style.
- It would be nice to have water on the tables in the main conference room for all attendees.
- I truly believe we did not need a half hour of listening to people speak in an introduction. I think part of the issues with planning for disasters, be them large or small, are the political aspects. If we all keep in mind the reason we do what we do is to be servants to all the citizens of Wisconsin and tear down the walls that divide us, in the end we would have a healthier state and communities.
- I enjoy communication with partners, however, I will not attend a conference in downtown Milwaukee again. \$15.00 a day parking is a cost that is difficult for me to pay, there are many places in the state of Wisconsin that are easier to get to.
- Room setup for plenary sessions was awful! Should use long tables for a group this size so everyone is facing the front of the room. Round tables are for meals – not for plenary sessions.
- Improvement is needed in the audio-visual presentation of the plenary sessions. It was difficult to see presentation. (Use multiple Powerpoint screens; project speaker image on back wall so that all may clearly view speaker.)
- Have coffee service available all day. Have alternatives to unhealthy soda during afternoon breaks—sparkling water, juice, etc., coffee/tea.
- Have at least one motivational lunchtime speaker – for next year perhaps a public health director from somewhere in Mississippi or Louisiana (or a hospital person).
- Thank you very much for all your hard work putting this conference together – I look forward to next year!
- Planning Committee: The round table configuration for keynote sessions is very difficult for body mechanics. Straight conference tables, facing the podium are much preferred. You either have to turn your chair or turn your neck (us older baby boomers have a hard time with this!). Thanks for the consideration!
- Choice of location unacceptable – very difficult to find, parking charge unacceptable, would not attend another conference at the Hyatt.

- This was by far the best conference to date. Keep up the great work. I look forward to next year's conference.
- The first break, day two, should be longer than 15 minutes to allow for checkout by 12:00.
Suggestion: 45 lunch – 30 minute break one.

Many people checking in, out at desk – only 2 people working (poor organization). Room temperature cool. AM break – no muffins left. Lunch on day two rushed, offered no drink or coffee.